Welcome to West Virginia Greyhounds!

You will find the following in your package:

- An OVERVIEW of the WVRC GREYHOUND ADOPTION PROGRAM (when and if needed)
- The official policy implementing GREYHOUND ADOPTION PROGRAM
- A LITTER CHECKLIST which may prove useful when trying to track the progress of litters
- A WVGBDF PURSE DISTRIBUTION FORM (complete and return) to identify purse distributions when the litter is ready to run

If and/or when you have questions, please contact us and we will try to help any way possible

Thank you!

WVRC Greyhound Package 08212012
“How to…”

Please provide the following documents:

- Proof of West Virginia Residency by providing
  - Personal West Virginia Income Tax Returns (IT-140) for the most recent four (4) tax years
  - Personal or Real West Virginia Tax Receipts for the most recent four (4) tax years

- Also, fill out completely, date, sign, and submit an Application (sample form enclosed)

Sign and mail the required documents to the Greyhound Adoption Coordinator at the WV Racing Commission address above.
Registered Greyhound Owner & Breeder Application

West Virginia Racing Commission
900 Pennsylvania Suite 533
Charleston WV 25302
Office: 304.558.2150
Fax: 304.558.6319

Name ____________________________________________________________
dba ____________________________________________________________
Address ____________________________________________________________
City _____________________________ State _____ Zip ______________
Phones: Home ______________________
Fax ______________________
Cell ______________________
email ____________________________________________________________

Tax ID #s FEIN ______________________ or
SSAN ______________________

____________________________________________________ _________________
Signature Date

WVRC Registered Greyhound Owner and Breeder Application 08212012
I, ______________________________________________, hereby swear or affirm that I am a Resident of the State of West Virginia.

I currently reside at ______________________________________________________________

I understand that providing false information will result in disqualification from the West Virginia Greyhound Development Fund and may as well result in criminal actions.

____________________________________________________   _______________
Signature        Date

Notary: Subscribed and sworn before me this ______ day of ____________________, ________

My commission expires on ________________________________

________________________________________
Official Notary Signature    Seal of Notary Public (Required)
Greyhound Adoption Program

“How to”

1. Fax or mail the West Virginia Racing Commission (WVRC) at:
   a. Fax 304.558.6319 or
   b. Mail West Virginia Racing Commission
      Greyhound Adoption Coordinator
      at the address above

In your fax or letter:

c. Request a “Reimbursement Voucher” for an identified Greyhound Adoption Candidate
   i. Example: “In anticipation of adoption and in accordance with the WVRC’s Greyhound Adoption Program, I am requesting a Reimbursement Voucher for the spaying or neutering of _______________

   d. Attach to your letter or fax any documentation re: the WV Bred status for the identified Greyhound
      i. Final NGA Certification

   e. Identify the following:
      i. Name
      ii. Left and Right ear tattoos
      iii. Whelped date
      iv. Sex
      v. Color

2. If approved, you will present your greyhound to any licensed veterinarian for spaying or neutering
   a. Only those Greyhounds eligible for participation in the WV Greyhound Breeding Development Fund, are eligible.

3. Upon completion of spaying or neutering, the veterinarian will complete and submit to the WVRC,
   a. Completed voucher
   b. Veterinary records from the date of service showing the greyhound adoption expenses incurred – WITHIN 90 DAYS OF THE SERVICE
   c. Reimbursement for greyhound adoption expenses is limited to $150.00 per greyhound.
4. Download and review the document “Policy Implementing Greyhound Adoption Program” from our website:  [www.racing.wv.gov](http://www.racing.wv.gov) or contact us with any question(s)

“Q & A”

Q. Does the veterinarian have to reside in West Virginia?
A. NO. Any licensed veterinarian qualifies

Q. Is there an age limit to be considered for this process?
A. NO. Only those Greyhounds eligible for participation in the WV Greyhound Breeding Development Fund, are eligible. There is no restriction regarding age.
**Litter Checklist**

**West Virginia Racing Commission**

900 Pennsylvania Suite 533
Charleston WV 25302

Office: 304.558.2150  
Fax: 304.558.6319

Re: Litter # ________________________ which was whelped on ___________________

From the breeding of ________________________ (Sire), and

________________________ (Dam)

<table>
<thead>
<tr>
<th>Dates</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>________</td>
<td>Dam’s Registration Papers</td>
</tr>
<tr>
<td>________</td>
<td>Breeding Acknowledgement</td>
</tr>
<tr>
<td>________</td>
<td>Notification of Whelping</td>
</tr>
<tr>
<td>________</td>
<td>Whelping Acknowledgement</td>
</tr>
<tr>
<td>________</td>
<td>Application of Registration of Litter</td>
</tr>
<tr>
<td>________</td>
<td>Littler Registration Acknowledgement</td>
</tr>
<tr>
<td>________</td>
<td>Original Onion Skins</td>
</tr>
<tr>
<td>________</td>
<td>Registration Papers / Final Certificates – front &amp; back</td>
</tr>
<tr>
<td>________</td>
<td>WVGBDF Purse Distribution Form</td>
</tr>
</tbody>
</table>

WVRC Litter Checklist 08212012
Purse disbursements from the WV Greyhound Breeding Development Fund shall be paid as follows: (Select one of the following)

Apply to LITTER #: _________________________ - or - Apply to the following dogs only:

_________________________ _________________________ _________________________ _________________________

_________________________ _________________________ _________________________ _________________________

Owner Information

Name

_________________________ _________________________

Address

City                           State         Zip

_________________________ _________________________

Social Security # - or - FEIN  Phone #

Co-Owner Information

Name

_________________________ _________________________

Address

City                           State         Zip

_________________________ _________________________

Social Security # - or - FEIN  Phone #

Please indicate percentage of payouts for:

Monthly WV Breeding Development Fund Awards:

Owner     Co-Owner

_________________________%  ___________________________%

Signature of Owner     Date     Signature of Co-owner (if applicable)  Date